

(1) Person Filing: _____

Street Address: _____
City, State, Zip: _____
Phone Number: _____
Representing Self _____

SUPERIOR COURT OF ARIZONA, COUNTY OF COCONINO

In the Matter of the Guardianship and/or
Conservatorship of

(3) Case Number: GC _____

(2) _____
An Adult

HEALTH PROFESSIONAL'S REPORT

(4) ***To the Health Professional:*** *The court has appointed you to examine the client named above to help determine if a guardian should be appointed. Please complete every question on this Report, date and sign it personally, and deliver it to the Petitioner at the address above before _____*

Diagnosis: List and describe the client's diagnosis:

Functional Impairments:

Impairment	Effects on Client's Decisions or Communication

Daily Living: Check the box next to each task the client can perform with minimal or no direction:
[] obtaining food [] obtaining housing [] living alone [] taking medication [] paying bills [] driving

Medication: List all medications the client receives.

Medication	Dosage	Effects on Behavior

Prognosis: Describe your prognosis for improvement in the client's condition:

Rehabilitation: Describe your recommendation for the most appropriate rehabilitation or care plan:

Other: List any other relevant information:

Date: _____

Health Professional's Signature: _____

Printed Name: _____